

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 16 PM 4: 03

DOCUMENT # N00000004930

1. Corporation Name

IGLESIA MISSIONERA, INC.

Principal Place of Business

Mailing Address

274 CENTER ST (US-17)
PIERSON FL 32180

P.O. BOX 944
PIERSON FL 32180



REINSTATEMENT

01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3110902

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ORTIZ, RAFAEL	PO BOX 944	PIERSON FL 32180
D	SANCHEZ, DELFINO JR	PO BOX 944	PIERSON FL 32180
D	COOK, ALBERT R JR	PO BOX 944	PIERSON FL 32180

700004705787--5
-12/05/01--01037--011
****236-25****236-25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOK, ALBERT R
5250 S- US-17-92
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Albert R. Cook
REGISTERED AGENT MUST SIGN

Date 11-11-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rafael Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-01

Date

698-4522

Daytime Phone #